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PERIODIC REPORT ON EVALUATION ACTIVITIES

Report of the Executive Director

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1. This report has been prepared for the information of the Executive Board in response to Governing Council decisions 82/20 and 90/35 A, which requested the Executive Director to make biennial reports on evaluation to the Council. It should be noted that the Executive Director has already reported extensively to the Board on the Fund's evaluation activities during the year 1996 in document DP/FPA/1997/10 (Part II), which was submitted to the Board at its annual session in May 1997. Thus, the present report will focus on evaluation activities in 1997 and will also provide information on how evaluation results are being used.

2. All UNFPA-supported projects have a built-in evaluation requirement in that the final project report calls for an internal evaluation of the substantive achievements of the project and of the factors, both operational as well as technical, that facilitated or impeded the achievement of the project's objectives. In addition, an increasing number of projects have provided for an external evaluation, usually an end-of-project evaluation, in their work plans.

3. The level of resources devoted to external evaluations rose significantly in the biennium 1996-1997 compared to the previous biennium, from just over $3 million in 1994-1995 to over $5 million in 1996-1997. This was due to large increases in expenditures for evaluating projects in the Africa region and for evaluating interregional projects in 1997. This high level of evaluation activities coincided with the preparation of 32 new country programmes in 1997, of which 15 were in the Africa region.

4. An inquiry among UNFPA country offices provided some insights into the extent to which completed projects were evaluated externally in the 1996-1997 biennium. In Africa, about 36 per cent of completed country-level projects were evaluated; in Asia and the Pacific, about 43 per cent; in Latin America and the Caribbean, about 35 per cent; and in Arab States and Europe, about 43 per cent. The average for all regions was about 39 per cent. Taking into account that such external project evaluations are not mandatory, the level of activity is indicative of the Fund's strong commitment to evaluation as an important programming as well as management tool.

I. THEMATIC EVALUATIONS

5. Execution modalities. An important evaluation of the modalities used in executing UNFPA-supported country programmes was completed in 1997. The main objective of this exercise was to conduct a systematic assessment of the Fund's experience with various execution modalities in order to develop a set of performance standards and criteria that could be used by UNFPA in determining appropriate execution modalities in the future.

6. In order to develop a conceptual framework for the evaluation, a survey was undertaken among UNFPA Representatives to identify the characteristics deemed most important for determining the quality of executing agencies' performance. As a result, technical suitability, relevance, managerial capacity, innovation and flexibility emerged as the most commonly applied performance standards. Thus, in the evaluation, technical and managerial functions undertaken by executing agencies were assessed using these performance standards, with particular attention to their contribution to capacity development and institution building. Case studies were undertaken in eight countries: Brazil, Burkina Faso, Cambodia, Jordan, Niger, Philippines, Yemen and Zambia. These countries were selected because of the complexity of the country programmes and the variety of execution modalities used in their implementation. The evaluation reviewed a total of 65 projects in these countries which included the following execution modalities: national execution; a combination of national and UNFPA execution; a combination of national execution and multiple international agency execution; multiple international agency execution; and single international agency execution. In all categories, the sample included execution by non-governmental organizations (NGOs).

7. The evaluation concluded that UNFPA had promoted national execution, adopting an approach that was intended to complement the strengths and bridge the weaknesses of national institutions by making use of one or more international agencies as co-executing agencies. This approach entailed proper assessment of the strengths and weaknesses of both the national institutions and external agencies. Such assessments, however, had not been done systematically.

8. The technical capacity and relevance of the assistance provided through all execution modalities examined was, in general, found to be adequate. The main weakness found in most modalities concerned managerial aspects. The efficiency of project implementation, in particular the timeliness of activities, was at times unsatisfactory, sometimes with an adverse impact on project effectiveness. Flexibility and innovation were most frequently present when a national or an international NGO played an executing role, although issues related to sustainability and replicability, especially with respect to national NGOs, were of concern.

9. In selecting execution modalities, the Government concerned and UNFPA frequently overestimated the capacity of national institutions and international executing agencies. As a result, the Fund's country offices were often obliged to assume execution functions, particularly in administrative and financial matters. Hence, this evaluation emphasizes the compelling need for striking a balance between the objectives and scope of a project and the real capacity of the Government and other partners to execute it.

10. The evaluation highlighted four key factors that contribute to the achievement of the aforementioned performance standards in project execution:

(a) Systematic assessment of the strengths and weaknesses of potential executing agencies;

(b) Participation of executing agencies during the project formulation process;

(c) Presence in the country, with decision-making capacity, of concerned executing agency or agencies;

(d) Involvement of NGOs (both international and national).

11. In addition, the evaluation identified a set of criteria for assessing potential executing agencies. These criteria refer to both the technical as well as managerial capacity of those agencies for undertaking execution functions and are intended for assessing national as well as international institutions, although some may be more applicable to one than to the other. These criteria were endorsed by the UNFPA Policy and Planning Committee and could be used as a tool, for example, in the form of a checklist, to help identify the strengths and weaknesses of individual agencies. It is not expected that a single agency will meet all the criteria; rather the purpose is to identify the areas of weakness that will need to be addressed. The use of the checklist should enable a more systematic and transparent process of determining the execution modalities for UNFPA-supported programmes.

12. Safe Motherhood programmes. Preparations for a thematic evaluation on Safe Motherhood programmes were completed during the year and initial field work was undertaken. The purposes of the evaluation are to assess UNFPA support to Safe Motherhood initiatives and to develop recommendations for future assistance in this area. Specifically, the evaluation will assess the relevance, efficiency, effectiveness and impact of UNFPA-supported strategies to reduce maternal mortality within the context of Safe Motherhood programmes. The results of the evaluation will enhance the effectiveness of future UNFPA assistance to address maternal mortality and morbidity issues.

13. The evaluation will assess the process of selecting the strategy for UNFPA support to such programmes, primarily to determine whether the strategy selected was based on a diagnosis of the prevalent situation and/or on the examination of other, alternative strategies. In addition, the assumptions and preconditions underlying the strategy will be identified. Implementation of the strategy will be analysed through an examination of the work-plan, monitoring system, coordination activities and flexibility in making necessary corrections. Effectiveness of the approach taken will be assessed in terms of the extent to which the strategy achieved the expected results, how the results were used and whether the results are sustainable. The evaluation will attempt to assess the extent to which the strategy contributed to the reduction of maternal mortality. The evaluation systems developed in each case to measure effectiveness and impact will be also reviewed, in particular the indicators selected to measure effectiveness and/or impact, the methods used for data collection and the validity and reliability of the data.

14. The evaluation will be based on a sample of seven UNFPA-funded projects supporting Safe Motherhood programmes. These include projects in Bangladesh, Guatemala, Morocco, Niger, Philippines, Senegal and United Republic of Tanzania. The evaluation team for each case study will be composed of one national and one international consultant. Four case studies were conducted in 1997, in Guatemala, Morocco, Niger and Senegal. The other four case studies will be carried out during the first half of 1998. A global synthesis report will be prepared based on the findings and conclusions of the eight case-study reports.

15. Integration of HIV/AIDS and reproductive health activities. Preparations and initial field work were undertaken for a thematic evaluation to assess the strategies and modalities adopted by UNFPA to integrate HIV/AIDS concerns into reproductive health and related projects and programmes at the country level. The relevance, efficiency, effectiveness and sustainability of selected strategies and modalities will be examined in order to draw conclusions about their strengths and weaknesses.

16. A sample of UNFPA-supported projects will be selected to include, as much as possible, a variety of strategies -- from a more comprehensive approach to integration of HIV/AIDS concerns into the reproductive health programme, encompassing integrated services, information, education and communication (IEC) activities and counseling, and contraceptives, to specific interventions designed to meet the needs of special target groups. The selection will also enable the analysis of different modalities involving government offices, international NGOs, national NGOs, community organizations, UNFPA and other United Nations agencies. Since HIV/AIDS interventions can occur as either objectives or activities in various types of projects within a country, the selection of countries will be such that a variety of country-level and project-level approaches can be studied.

17. Country cases will be studied at two levels -- the country level and the project level. At the country level, the evaluation will analyse the strategies used in country programmes to prevent the spread of HIV/AIDS, focusing on the rationale for the strategy; linkages with other projects within the UNFPA programme; coordination with the national programme and with other donors' assistance; relations with UNAIDS; and programme-level performance beyond the project level. The second level will focus on the strategies and modalities of HIV/AIDS interventions in selected country projects. Analysis will concentrate on the relevance, efficiency, effectiveness and sustainability of HIV/AIDS interventions and their linkages to other activities in the same project, as well as their effects on the overall programme. The project-level analysis is expected to lead to more detailed findings on the strengths and weaknesses specific to different types of UNFPA support. Throughout the analysis, special attention will be paid to the empowerment of women and gender concerns, adolescents and male involvement. The analytical framework was prepared in

close consultation with UNAIDS whose officers in the field will serve as resource persons to the evaluation teams.

18. It is expected that the lack of baseline data as well as data in general will limit the scope and the depth of analysis. In most country projects, baseline data were not collected, nor were performance indicators established at the beginning of the project. The evaluation will therefore use certain HIV/AIDS indicators relating to unmet needs, coverage and access to service, quality of care and management in order to assess the performance as much as feasible. In addition, indicators identified in the projects, if any, will also be used to allow some comparisons among the projects in a systematic way.

19. Projects in Cote d'Ivoire, Dominican Republic, Indonesia, Kenya, Sudan, Thailand and Uganda have been selected as case studies. These countries were selected on the basis of the following criteria:

(a) High HIV/AIDS prevalence rates and high levels in other basic indicators of the epidemic;

(b) Demonstrated national interest and response to HIV/AIDS prevention;

(c) Existence of a UNAIDS theme group mechanism in the country;

(d) Existence in the UNFPA-supported country programme of more than three projects with HIV/AIDS-related interventions between 1994-1996.

20. These case studies represent various strategies and modalities. Kenya provides a case in which efforts to address HIV/AIDS concerns are spread over several large UNFPA-supported reproductive health projects. Uganda has a district-level maternal and child health and family planning (MCH/FP) project, a non-formal education project and a Safe Motherhood project in which HIV/AIDS interventions have been integrated, as well as a pilot project aimed at adolescents that contains HIV/AIDS-related elements. Thailand provides more target-group or region-focused approaches, integrating HIV/AIDS components into programmes aimed at ethnic minorities, hill tribes, Muslims, military draftees, and youth in rural areas. Sudan has a project of direct support to the national AIDS control programme and support to training, MCH/FP service delivery and population information and communication. The Dominican Republic provides another focused case in which male parental responsibilities are promoted and IEC campaigns are used for HIV/AIDS prevention. To date, field work has been completed on the Sudan, Thailand and Uganda cases, and the other case studies should be completed by mid-1998. A global report synthesizing the findings and conclusions of the case-study reports will be prepared immediately thereafter.

II. USE OF EVALUATION RESULTS

A. Country-based evaluations

21. Project and country programme evaluations initiated by UNFPA country offices were consistently used to improve the focus of and strategies for projects and programmes, as was evident from the mandatory in-house appraisals that were conducted for all new country programme proposals. In some cases, evaluation results precipitated government policy reforms and were incorporated into government development plans. In other cases, evaluations highlighted how UNFPA-funded projects had contributed to such reforms. For example, in Ghana, evaluation recommendations to restructure the MCH/FP Unit in the Ministry of Health and to improve staffing for monitoring and supervision at the district level were addressed in the health reform process of the Government and in the Ministry's five-year programme of work. In Morocco, an evaluation of UNFPA support to the Centre for Demographic Studies and Research describes how results of a survey on marital status contributed to administrative reform of the vital statistics recording system. In Thailand, an evaluation describes how policy recommendations of UNFPA-funded studies on undocumented migrant workers are being implemented under the Eighth National Plan.

22. Evaluations of country programmes and component projects were vital for framing strategies for the subsequent country programme cycles. Project and country programme evaluation findings were extensively used by Programme Review and Strategy Development (PRSD) missions in Bangladesh, Bhutan, Burkina Faso, the Dominican Republic, Ethiopia, India, Kenya, Maldives, Morocco, Mozambique, Nepal, Paraguay, Senegal, Sudan, Thailand and Yemen, among others.

23. In Nepal, out of 18 projects in the third country programme, 14 were evaluated by national consultants in 1995 and 1996. The projects were reviewed for their appropriateness in design, relationship with the Programme of Action of the International Conference on Population and Development (ICPD), and substantive and financial progress. Evaluation findings, together with the reports of numerous sector reviews, were incorporated in a background document for the PRSD mission.

24. In India, the fifth country programme incorporated some of the major recommendations of the evaluations of the previous programme and of the three large state-level Area Development Projects. For example, the evaluations found insufficient synergy between project inputs; lack of effective project impact at the district, village and block levels; an excessive focus on the supply side of reproductive health service delivery; and insufficient attention to the quality of reproductive health services and to gender equality and equity dimensions. In order to address these issues, the state-level components of the fifth country programme were developed through participatory planning

exercises at the district level, and the projects will be implemented with the active involvement of target communities. A nine-element Quality of Reproductive Health Care framework was developed and used in the planning exercise. In order to promote focus on gender equity and equality, one fourth of project funds are earmarked for interventions related to addressing violence against women and to mobilizing women's groups and elected women representatives.

25. The evaluations also found that the slow release of funds to implementing institutions was one of the major causes of delay in implementation of project activities. In the fifth country programme, UNFPA is therefore encouraging the formation of district-level registered societies that will receive and manage project funds directly and is also promoting decentralization of decision-making. In addition, support is being provided to enhance local-level management capabilities.

26. In Burkina Faso, project evaluation results contributed to an increased emphasis on rural areas in the new country programme; to the promotion of strategies for strengthening health service delivery units; and to the expansion of reproductive health counseling and service centres for youth to more regions of the country.

27. In Yemen, an evaluation found that the successful advocacy efforts of the National Population Council/Technical Secretariat (NPC/TS) had raised the awareness of population issues and created a critical mass of policy makers who support the national population strategy. However, in order to promote sustainability of the Council in light of the Government's limited resources, the evaluation recommended that the NPC/TS should be kept small, should strengthen its coordination function, and should cooperate with line ministries in implementing the national population policy. The timeliness of this evaluation enhanced the utilization of its findings in developing the new country programme.

28. In the Dominican Republic, recent evaluations of the reproductive health programme components have fed into the design of the new country programme, which emphasizes improvements in the quality of reproductive health care; increased focus on adolescents and non-pregnant women as well as on services for the prevention and treatment of reproductive tract infections (RTIs) and sexually transmitted diseases (STDs); and focus on male participation in the reproductive health programme.

29. Projects in reproductive health, IEC and population education in the Maldives were evaluated as an input to the strategy formulation and programme development exercise in mid-1997. As a result, the second UNFPA-supported programme emphasizes aspects of quality of care and male participation. Attention is given to the need to provide mechanisms for coordinating the development of a population policy and the implementation of IEC initiatives. The importance of

upgrading the technical skills of service providers and the managerial skills of project managers is also given due attention.

30. In Ghana and Sri Lanka, project evaluation findings have also served the important function of adjusting the strategies of individual projects. The evaluations highlighted that although awareness on family planning had increased as a result of IEC and mass media campaigns, misconceptions on the side effects of family planning methods and on HIV/AIDS still prevailed. The projects were adjusted to complement mass media campaigns with the community-based distribution of contraceptives and increased contact between clients and health-care providers.

31. In Bangladesh, evaluation results were instrumental in guiding subsequent project strategies, for example, with respect to support of population and family welfare activities in youth clubs in remote areas. The evaluation of the project related to rural cooperatives highlighted the importance of establishing a working relationship between these cooperatives and the family planning workers of the locality and of according priority to women's cooperatives. Linkages with medical facilities and a referral system were also emphasized in the evaluation of a project to strengthen services at maternal/child welfare centres. These findings are reflected in project preparations for the 1998-2002 programme.

32. In Nigeria, findings of the evaluation of the comprehensive population education programme led to a decentralization of programme management from the central Ministry to the state Ministries of Education and a shift in the focus of the project strategy from intermediaries (teachers and principals) to the ultimate beneficiaries (secondary school students). More emphasis is placed on extra-curricular activities that highlight social learning, which is expected to have greater impact on the attitudes and behaviour of students.

33. In Guinea, the ongoing MCH/FP project adopted a strategy for integrating family planning into primary health care services based on evaluation findings that showed that family plannning activities had been implemented in parallel to the primary health care delivery system. This more cost-effective approach is expected to enhance sustainability as well as promote use of services.

B. Evaluations of interregional programmes

34. In 1996 and 1997, UNFPA evaluated a number of interregional programmes. These included support to the Integrated Software Packages for Geographical Information (POPMAP and Mapscan); the Comité International de Coopération dans les Recherches Nationales en Démographie (CICRED); the Harvard University Annual Review of Population Law; the Population Information Network; the International Institute on Ageing in Malta; Centres of Excellence in Reproductive Health in Thailand and Indonesia; and activities of The Population Institute such as the Global

Media Awards scheme, the annual World Population Awareness Week campaigns, and the production and distribution of Popline and of monographs in the series Toward the 21st Century.

35. The evaluations highlighted the pertinence of UNFPA support and recommended continued funding of these activities. Important suggestions for improvements were made, and these will be taken into consideration in refining the strategies for continued support of these programmes.

36. POPMAP and Mapscan were found to be uniquely suited to the needs of developing countries, and it was recommended that marketing and product distribution should be the primary focus of project activities in 1998 and 1999. The executing agency concerned is in the process of addressing this in the future work plans for the project.

37. The Harvard University Annual Review of Population Law is providing planners, legislators, activists, lawyers and researchers with access to essential materials for their work on population, reproductive health and women's rights. Its scope of coverage was found to be unrivaled. Still, the evaluation recommended that the journal restructure its coverage by focusing on the objectives of the ICPD Programme of Action in the areas of reproductive health and women's empowerment; by including country- or topic-specific sections; and by publishing the Annual Review on the Internet. Appropriate follow-up actions are being discussed.

38. The evaluation of the Population Information Network found that it has been exceptionally successful in stimulating population information work in institutions in developing countries in an innovative and cost-effective fashion. It recommended, however, that the network refine its mandate and strategies to reflect more accurately its current focus on decentralization and empowerment of local networks. The options for revising the project strategies within limited resources are being weighed.

39. The preliminary findings of the mid-term evaluation of Centres of Excellence in Reproductive Health in Thailand and Indonesia show considerable progress in the area of training, cooperation with governmental and non-governmental organizations, and fostering of increased understanding of the comprehensive nature of reproductive health. The activities to date of these Centres of Excellence reflect careful planning as well as strong commitment to sharing lessons learned on reproductive health strategies. In order to further improve the impact of the activities of the centres, attention should be paid to the criteria for selecting participants; follow-up to assess the impact of training; establishment of mechanisms for networking among participants; and continuous upgrading of the skills of trainers in adult education, curriculum development and participatory methodology. These considerations and others to be derived from the evaluation of the remaining centres will be taken into account in UNFPA's strategy for future support of the Centres of Excellence initiative.

C. Thematic evaluations

40. In 1996 and 1997, UNFPA published the thematic evaluations on support to traditional birth attendants (TBAs) and adolescent reproductive health programmes. Results of these evaluations have been used for improving country-level strategies, both with respect to UNFPA programmes and government policies.

41. Traditional birth attendants. In Bolivia, Ghana, Malawi and Uganda, which served as case studies for the thematic evaluation on TBAs, the findings of the evaluation contributed to a number of policy and strategy changes and improvements. For example, the Government of Malawi has for the first time established a budget for TBA activities to supplement the substantial donor contributions to such activities. In its 1996 Health Sector Five-Year Programme of Work, the Government of Ghana is actively promoting the use of TBAs in the provision of community-based health services, with special emphasis on underserved areas. TBAs are an integral part of the Reproductive Health Policy and Standards as well as the Reproductive Health Protocols elaborated by the Ministry of Health with the assistance of UNFPA. In Bolivia, the results of the TBA evaluation were used in the implementation of the "Plan Vida" (1994-1997), which seeks to accelerate the reduction of maternal mortality, and in the formulation of the National Strategy on Sexual and Reproductive Health launched in 1995.

42. In Malawi and Ghana, the management of the TBA programme has been decentralized to district and health-centre levels. In the follow-up to the findings of the evaluation, in Ghana, the TBA programme is supervised by sub-district health teams, and in Malawi the Government is currently considering an increase in the number of nurse midwives at health centres to ensure adequate supervision of community-based reproductive health activities, including TBAs. At the same time, the Government and UNFPA are providing bicycles to supervisors to help overcome some of the transportation problems of supervisors highlighted in the evaluation.

43. TBA training programmes were improved in Uganda, Malawi, Ghana, the Islamic Republic of Iran and Nepal as a result of the thematic evaluation. In Uganda, the TBA Training Manual has been revised and is now used for all TBA training activities in the country. The Government of Malawi is revising the TBA curriculum so as to emphasize the role of TBAs in managing normal deliveries and identifying women at risk for referral. The new curriculum also includes a section on the dangers associated with the use of traditional herbal medicines to hasten childbirth. This is being supplemented by advocacy activities that alert traditional chiefs and District Development Committees to these dangers.

44. In Ghana, the Ministry of Health has adjusted TBA training modules to include lessons on record-keeping, immunization, distribution and resupply of family planning commodities,

counseling and community mobilization. As the evaluation found that many TBAs feel uncomfortable distributing contraceptives, the Ministry of Health is intensifying its community-based distribution programme through which the distribution of contraceptives and counseling on their use is more culturally acceptable.

45. In the Islamic Republic of Iran, the TBA training curriculum was revised to more closely match TBA functions and to include family planning counseling. The skills of TBA trainers in training methodology, an aspect that did not receive adequate attention previously, were enhanced to improve the quality of the training programme.

46. In Nepal, a TBA project has just been approved to strengthen the management and quality of TBA training and to promote operations research on the impact of the TBA training on the ability of the trainees to handle high-risk delivery cases. In light of the topography of the country and the difficulty in accessing service delivery points, TBAs will continue to be a significant source of health care for many women.

47. The thematic evaluation made a number of recommendations to improve the handling of emergency referrals. As a result, UNFPA and USAID Malawi have joined hands in renovating and fully equipping selected health centres to serve as first referral units. A referral form has also been developed for the TBAs to refer cases and to receive feedback on their outcome. In Uganda, an innovative communications system using radio backed up by community-based emergency transportation has been successfully piloted for two years. The lessons learned will be applied in the system's expansion to other parts of the country.

48. The evaluation also stressed the need to mobilize community-level support for TBAs. As a result, interventions to increase village awareness of the benefits of using the services of trained TBAs were implemented in Nepal. In the Islamic Republic of Iran, a system has been established to introduce TBAs to the heads of village councils and to the communities after they have completed their training. Additionally, the work of TBAs is being promoted through the mass media and health houses throughout the country. While it has not been possible to establish a separate data collection system for TBA activities, it has been decided to conduct a study to assess the impact of TBA services in certain villages compared to others not covered by TBAs.

49. Adolescent reproductive health programmes. The recommendations of the evaluation of adolescent reproductive health programmes have been taken into consideration at the policy and programme levels by a number of countries. The findings and recommendations served as an important tool for advocating strengthened government action to address adolescent reproductive health needs. They have also given direction to the new cycle of UNFPA-funded programmes and projects.

50. For example, the Government of Thailand now recognizes that poor accessibility to reproductive health services is one of the main reasons for the fact that more than 40 per cent of all cases of STDs occur among young people (15-24 years) and that teen-age pregnancy accounts for 14.7 per cent of all pregnancies. As a result, the Reproductive Health Policy announced in July 1997 includes adolescent reproductive health as one of its 10 components.

51. As adolescent pregnancy is being considered as a major problem by the Government of Colombia, the Vice-Minister for Youth has just begun a national campaign to call the reproductive health needs of youth to the attention of mayors and governors. Sex education has now been fully institutionalized as part of the national education system, and strategies for the provision of reproductive health services for adolescents are being designed.

52. In response to the findings of the thematic evaluation, the Government of Chile has requested UNFPA funding of new projects to prevent adolescent pregnancies and to provide technical assistance in designing sex education programmes aimed at adolescents.

53. In some of the countries of the Caribbean region that receive priority attention in this area, particularly Jamaica, Suriname and Guyana, UNFPA is spearheading the formulation of integrated, multisectoral reproductive health programmes for adolescents in response to the evaluation recommendations. Target groups and stakeholders such as youth, parents, and school principals are participating in the formulation of these programmes and are expected to lead their implementation. Research undertaken identified best strategies for the delivery of reproductive and sexual health services for adolescents and has guided project design. The integrated approach has fostered an acceptance within governments of the need to move away from the past vertical approach to service delivery and to interlink programmes for adolescents.

54. As recommended by the thematic evaluation, the results of research on problems and perceptions of youth and the analysis of IEC materials used to address this target group have informed the design of counselling centres for youth in Senegal. NGOs are now strongly involved in programme activities addressing the concerns of youth and adolescents. A national "Youth and Population" network has recently been established to advocate for the consideration of adolescence issues in the development and implementation of development programmes.

55. The recommendations of the evaluation provided further impetus to the formulation of the subprogrammes of the UNFPA fifth country programme of assistance to Kenya, 1997-2001, which was approved by the Executive Board in January 1997. Activities focusing on adolescents now hold a distinctive place in the programme, where the provision of appropriate reproductive health and IEC services to adolescents and youth will take place using an informal approach through NGOs, the media, the private sector and organized peer groups. Advocacy interventions to help create a

favourable reproductive health policy environment to reduce incidences of sexual, reproductive health and related problems among Kenyan youth have also been initiated. The recommendations of the evaluation have been taken into account in the formulation of component projects of the subprogrammes.

56. In Sri Lanka, which served as a case study for the thematic evaluation, the results of the exercise were a useful input to the sectoral reviews and PRSD exercise. Although the Government remains reluctant to deliver reproductive health services to the unmarried, there are no sanctions against NGOs doing so and UNFPA is supporting initiatives in this regard in the current programme. In addition, the needs of underserved groups identified in the evaluation, such as displaced persons, women workers in Free Trade Zones and women on plantations, are being addressed also. Advocacy work is being pursued through the National Adolescent Health Committee. Moreover, the importance of parent education and counselling as well as peer counselling highlighted by the evaluation is reflected in the project on reproductive health education for schools.

III. GUIDELINES

57. Within the context of preparing the UNFPA Programme Manual, the monitoring and evaluation guidelines were revised with a view to highlighting a more holistic approach to programming and to emphasizing the analysis of the effectiveness of inputs rather than the process of delivery of inputs per se. In addition, in order to underscore the importance of regular, systematic monitoring, the topics of monitoring and evaluation are discussed in separate chapters in the revised guidelines.

58. The major new feature in the monitoring guidelines is the annual subprogramme review. This ensures that all component projects in each subprogramme are reviewed together so that due attention is paid to fostering linkages and complementarity among them. An annual project report is still required for each component project, and the format for this has been revised. In addition to a streamlined tabular presentation of the delivery of inputs, an open-ended commentary is requested not only on the general implementation of the work plan but also specifically on national capacity building, technical backstopping, execution modalities, gender concerns, and aspects of South-South cooperation, where applicable. Information on the use of findings of past monitoring and evaluation activities is also requested.

59. An annual country review provides the opportunity for the Government and UNFPA to assess the extent to which subprogrammes are contributing to achieving the programme's purposes, particularly the country's progress in achieving the goals of the ICPD as well as of other international conferences. A mid-term review is held in each programme cycle to examine the status of implementation of the UNFPA-supported programme and its continued relevance to the

national context, particularly in relation to complementary activities funded by the Government and by other donors, and the availability of resources to meet the needs of the population and development programme. The mid-term review is not only retrospective but also forward-looking in that it proposes arrangements for evaluating the programme and a plan for the Country Population Assessment exercise that will serve as the basis for the development of the next programme cycle.

60. Internal evaluation continues to be an integral element of the annual project report in order to ensure regular assessment of the efficiency as well as effectiveness of programme delivery. An important new feature in the revised evaluation guidelines is that evaluations are required at the end of each programme period so that there is a systematic assessment of programme performance and achievements, together with a synthesis of lessons learned for future application. Country programme evaluations may be conducted through different modalities, including a one-person review and analysis of programme data or a group of experts using more in-depth evaluation methods. One or more workshops could also be utilized to evaluate a country programme. Such evaluations are intended to provide information to those involved in management and oversight of UNFPA-supported programmes, enabling them to improve programme quality and implementation and to ensure probity and accountability in programme management at all levels.

61. Proper programme preparation underpins successful implementation of the UNFPA monitoring and evaluation systems. The application of the logical framework analysis as a programme planning tool and the identification by consensus among stakeholders, at an early stage, of appropriate process and outcome indicators provide the frame of reference for all subsequent monitoring and evaluation activities. Programme and subprogramme documents state the monitoring responsibilities of each party involved in programme implementation. The logframe matrix outlines the baseline data to be established and the nature and source of monitoring data to be generated in the implementation process. Such data serve as the basis for the country programme evaluation exercise. Thus, although monitoring and evaluation are discussed in separate sections of the programme manual, their interrelationship is indisputable.

IV. FUTURE PLANS

62. As stated above, the thematic evaluations on Safe Motherhood programmes and HIV/AIDS-related interventions will be completed in 1998. It is expected that the results of these two exercises will have significant import for the continued promotion of reproductive health programmes. The lessons learned will inform strategy development for addressing maternal mortality on the one hand and for optimizing the effectiveness of reproductive health programmes comprising HIV/AIDS and STD components on the other.

63. A study will be undertaken in 1998 to examine UNFPA's experiences with operationalizing the reproductive health programme approach. Through a series of country case studies, the study will attempt to identify political, structural and technical factors that affect the transition from a MCH/FP-based approach to a reproductive health approach both positively as well as negatively. The lessons learned from the study will enable more effective implementation of the ICPD Programme of Action.

64. In order to respond to increasing decentralization in many programme countries, a study will be conducted of the various modalities deployed by UNFPA to collaborate with Governments at sub-national levels. A sample of projects executed and/or implemented directly by, inter alia, provincial-, state- and district-level units will be analysed to derive lessons on what has and has not worked. The results of the analysis will enable UNFPA to respond better to the demands of decentralization while ensuring programme quality as well as accountability.

65. Compliance with the new requirement for country programme evaluations will be monitored. In addition, an annual analysis of the findings of such evaluations will be undertaken to provide continuous feedback to programme and policy decision-making bodies.

V. RECOMMENDATION

66. The Executive Board may wish to take note of the periodic report on UNFPA's evaluation activities as contained in document DP/FPA/1998/6.

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